

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:  
Hope Elaine Stevenson,  
  
Debtor.

CHAPTER 13  
  
CASE NO. 16-70025 - LRC

**DEBTOR'S AMENDMENT TO CHAPTER 13 SCHEDULES**

COMES NOW Debtor, and amends the Chapter 13 Schedules to provide the following:

1.

Debtor amends Schedule F of this Chapter 13 case, as attached, to add the following creditors:

American Anesthesiology Assoc of Georgia  
PO Box 88087  
Chicago IL 60680

Amerimark  
PO Box 2845  
Monroe WI 53566

CarePayment  
PO Box 2398  
Omaha NE 68103

Medical Revenue Service  
P.O. Box 1149  
Sebring FL 33871

Metro Ambulance Services  
P.O. Box 198408  
Atlanta GA 30384

Portfolio Recovery  
P.O. Box 12914  
Norfolk VA 23541

Quest Diagnostics  
PO Box 55126  
Boston MA 02205

Smokerise Family Medical Association  
1505 Lilburn-Stone Mountain Rd.  
Suite 100  
Stone Mountain GA 30087

WHEREFORE, Debtor prays that this Amendment be allowed, and for such other and further relief as the Court deems appropriate and just.

Respectfully submitted,  
KING & KING LAW LLC



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Chris Sleeper  
Attorney for Debtor  
GA Bar # 700884  
215 Pryor Street  
Atlanta, GA 30303  
(404)524-6400  
notices@kingkingllc.com

**Fill in this information to identify your case:**

Debtor 1	Hope Elaine Stevenson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF GEORGIA</u>			
Case number (if known)	<u>16-70025</u>		

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Georgia Department of Revenue Priority Creditor's Name 1800 Century Blvd NE Suite 910 Atlanta, GA 30321 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>SSN</u>	<u>\$0.00</u>	<u>\$0.00</u>
		When was the debt incurred? _____		<u>\$0.00</u>
	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Taxes			

Debtor 1 Hope Elaine Stevenson

Case number (if known)

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<b>2.2</b> <b>IRS</b> Priority Creditor's Name Centralized Insolvency Opera P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>SSN</b> <b>Unknown</b> <b>\$0.00</b> <b>\$0.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <div style="text-align: center;"><b>Taxes</b></div>
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**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<b>4.1</b> <b>Account Control Systems, Inc.</b> Nonpriority Creditor's Name 85 Chestnut Ridge Rd. Suite 113 Montvale, NJ 07645-1827 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>Total claim</b> <b>\$726.00</b>
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Debtor 1 Hope Elaine Stevenson

Case number (if know)

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4.2

**ALLIED COLLECTION**

Nonpriority Creditor's Name

Last 4 digits of account number 9594

\$79.00

When was the debt incurred? Opened 12/28/2012

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Collection

4.3

**American Anesthesiology Assoc of Georgia**

Nonpriority Creditor's Name

PO Box 88087

Chicago, IL 60680

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

\$216.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4

**Amerimark**

Nonpriority Creditor's Name

PO Box 2845

Monroe, WI 53566

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

\$725.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 Hope Elaine Stevenson

Case number (if know)

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4.5

**AUTOMOBILE ACCEPTANCE**

Nonpriority Creditor's Name

PO BOX 961926  
RIVERDALE, GA 30296

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check If this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 9594

\$2,207.00

Opened 11/8/2013 Last Active

When was the debt incurred? 2/26/2014

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Automobile

4.6

**AUTOMOBILE ACCEPTANCE**

Nonpriority Creditor's Name

PO BOX 961926  
RIVERDALE, GA 30296

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check If this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 9594

\$0.00

Opened 3/15/2012 Last Active

When was the debt incurred? 11/8/2013

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Automobile

4.7

**CarePayment**

Nonpriority Creditor's Name

PO Box 2398  
Omaha, NE 68103

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check If this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$1,241.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **Hope Elaine Stevenson**

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4.8

**Clarient Diagnostic Services Inc**

Nonpriority Creditor's Name

P.O. Box 865360

Orlando, FL 32886-5360

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$303.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.9

**COMENITY BANK/LNBRYANT**

Nonpriority Creditor's Name

PO BOX 182789

COLUMBUS, OH 43218

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**9594**

**\$0.00**

When was the debt incurred?

Opened 1/8/2005 Last Active

5/31/2007

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.1

0

**Credit Collection Services**

Nonpriority Creditor's Name

725 Canton Street

Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,036.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify



Debtor 1 Hope Elaine Stevenson

Case number (if know)

16-70025

4.1  
1

**Credit Management**

Nonpriority Creditor's Name  
4200 International Pkwy  
Carrollton, TX 75007

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 9594

\$231.00

When was the debt incurred? Opened 6/14/2016

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

4.1  
2

**Crystal Springs**

Nonpriority Creditor's Name  
P.O. Box 660579  
Dallas, TX 75266-0579

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$122.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

4.1  
3

**Dekalb Medical Center**

Nonpriority Creditor's Name  
2701 North Decatur Rd.  
Decatur, GA 30033

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

Unknown

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_



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Case number (if know)

16-700254.1  
4**DeKalb Pathology PC**

Nonpriority Creditor's Name

P.O. Box 1457

Bluefield, WV 24701-1457

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$220.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.1  
5**DIVERSIFIED CONSULTANT**

Nonpriority Creditor's Name

PO Box 551268

Jacksonville, FL 32255

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

9594

\$232.00

When was the debt incurred?

Opened 10/15/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.1  
6**IC System**

Nonpriority Creditor's Name

P O Box 64378

St. Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

9594

\$595.00

When was the debt incurred?

Opened 4/22/2016

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collecting for:

Debtor 1 Hope Elaine Stevenson

Case number (if know)

16-70025

4.1  
7**Medical Revenue Service**

Last 4 digits of account number

\$120.00

Nonpriority Creditor's Name

P.O. Box 1149

Sebring, FL 33871

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.1  
8**Metro Ambulance Services**

Last 4 digits of account number

\$456.00

Nonpriority Creditor's Name

P.O. Box 198408

Atlanta, GA 30384

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.1  
9**Paypal Credit**

Last 4 digits of account number

\$832.00

Nonpriority Creditor's Name

P.O. Box 105658

Atlanta, GA 30348-5658

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 Hope Elaine Stevenson

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4.2  
0**Portfolio Recovery**

Nonpriority Creditor's Name

P.O. Box 12914

Norfolk, VA 23541

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$4,612.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.2  
1**Quest Diagnostics**

Nonpriority Creditor's Name

PO Box 55126

Boston, MA 02205

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$1,035.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify4.2  
2**SCANA**

Nonpriority Creditor's Name

P.O. Box 964

Augusta, GA 30903-0964

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

9594

\$142.00

When was the debt incurred?

Opened 11/25/2013 Last Active 6/1/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 Hope Elaine Stevenson

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4.2  
3**SCANA**Last 4 digits of account number 9594\$77.00

Nonpriority Creditor's Name

P.O. Box 964

Augusta, GA 30903-0964

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? Opened 11/1/2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify \_\_\_\_\_4.2  
4**Smokerise Family Medical Association**

Last 4 digits of account number \_\_\_\_\_

\$256.00

Nonpriority Creditor's Name

1505 Lilburn-Stone Mountain Rd.

Suite 100

Stone Mountain, GA 30087

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify \_\_\_\_\_4.2  
5**Smokerise Family Medical Association**

Last 4 digits of account number \_\_\_\_\_

\$256.00

Nonpriority Creditor's Name

1505 Lilburn-Stone Mountain Rd.

Suite 100

Stone Mountain, GA 30087

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify \_\_\_\_\_

Debtor 1 Hope Elaine Stevenson

Case number (if know)

16-70025

4.2  
6

SYNCB/Sleep Number

Last 4 digits of account number 9594

\$0.00

Nonpriority Creditor's Name

PO Box 965005  
Orlando, FL 32896

When was the debt incurred?

Opened 8/6/2004 Last Active  
2/1/2005

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

CCS

Line 4.10 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Payment Processing Center

☒ Part 2: Creditors with Nonpriority Unsecured Claims

P.O. Box 55126

Boston, MA 02205-5126

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

DeKabl Pathology PC

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

P.O. Box 1259

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Dept. 12867

Oaks, PA 19456

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total  
claims  
from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.

6e. \$ 0.00

Total  
claims  
from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 15,719.00

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 15,719.00



☐ Check if this is an amended filing

12/15

**Your assets**  
Value of what you own

**Your liabilities**  
Amount you owe

<b>Your total liabilities</b>	<b>\$</b>	<b>30,871.00</b>
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Debtor 1 Hope Elaine Stevenson

Case number (if known) 16-70025

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,650.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:  
Hope Elaine Stevenson,  
  
Debtor.

CHAPTER 13  
  
CASE NO. 16-70025 - LRC

**DECLARATION UNDER PENALTY OF PERJURY**

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

  
Hope Elaine Stevenson

1/26/17  
Date

Penalty for making a false statement or concealing property:  
Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§152 and 3571.

**Supplemental Matrix**

American Anesthesiology Assoc of Georgia  
PO Box 88087  
Chicago IL 60680

Amerimark  
PO Box 2845  
Monroe WI 53566

CarePayment  
PO Box 2398  
Omaha NE 68103

Medical Revenue Service  
P.O. Box 1149  
Sebring FL 33871

Metro Ambulance Services  
P.O. Box 198408  
Atlanta GA 30384

Portfolio Recovery  
P.O. Box 12914  
Norfolk VA 23541

Quest Diagnostics  
PO Box 55126  
Boston MA 02205

Smokerise Family Medical Association  
1505 Lilburn-Stone Mountain Rd.  
Suite 100  
Stone Mountain GA 30087

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:  
Hope Elaine Stevenson,  
  
Debtor.

CHAPTER 13  
  
CASE NO. 16-70025 - LRC

CERTIFICATE OF SERVICE

I hereby certify, under penalty of perjury, that I am more than 18 years of age, and that on this day, I served a copy of the within Amended Schedule upon the following by depositing a copy of same in U.S. Mail with sufficient postage, unless otherwise noted, affixed thereon to ensure delivery to:

Adam M. Goodman, Chapter 13 Trustee  
260 Peachtree Street NW, Suite 200  
Atlanta, GA 30303; Via E-notice

American Anesthesiology Assoc of Georgia  
PO Box 88087  
Chicago IL 60680

Amerimark  
PO Box 2845  
Monroe WI 53566

CarePayment  
PO Box 2398  
Omaha NE 68103

Medical Revenue Service  
P.O. Box 1149  
Sebring FL 33871

Metro Ambulance Services  
P.O. Box 198408  
Atlanta GA 30384


Portfolio Recovery  
P.O. Box 12914  
Norfolk VA 23541

Quest Diagnostics  
PO Box 55126  
Boston MA 02205

Smokerise Family Medical Association  
1505 Lilburn-Stone Mountain Rd.  
Suite 100  
Stone Mountain GA 30087

Hope Elaine Stevenson  
P.O. Box 930116  
Norcross, GA 30003

This 30 day of January, 2017.

By:   
Chris Sleeper  
Attorney for Debtor  
GA Bar # 700884  
215 Pryor Street  
Atlanta, GA 30303  
(404)524-6400  
notices@kingkingllc.com